

Innovative Cost Comparison Tools

October 23, 2018



LDI Louisiana
Department of
Insurance



530 Fifth Avenue, 18th Floor, New York, NY 10036
fairhealth.org • fairhealthconsumer.org • consumidor.fairhealth.org

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FAIR Health Mission

- **Origins:** Established as a conflict-free, independent, national nonprofit
- **Mission:** To bring transparency and integrity to healthcare costs and health insurance information
- **Action:** Fulfills mission with robust data products and custom analytics, award-winning consumer tools and research platform



The FAIR Health Private Claims Repository

26B+

**Procedures from 2002 to the Present
from Medical and Dental Claims**

Updated on a monthly basis

145M+

Medical

60M+

Dental

Covered Lives

493

**Geozip Regions Reflecting
Local Billing Patterns**



Insights into the Private Claims Repository



Coverage

- All 50 States and District of Columbia, US Territories – Puerto Rico, Guam, US Virgin Islands



60 Contributors

- National and regional payors
- Third-party administrators



Private Insurance Claims

- Fully insured and self-insured/ERISA plans
- Cover 75% of privately insured US population



Quality Testing and Control

- Data validated with expert-vetted tests for completeness, volume, accuracy, etc.
- Recognized statistical outlier methodologies exclude excessively low and high values that distort distribution

Spotlight on Louisiana



Number of Contributors (Payors/TPAs)

54

Total Claims in Database

Claims (2016)

Approx. 19.5 million

Claims (2002 – Present)

Approx. 223 million

Geographic Divisions

Geozips (Standard Benchmark Products)

Geographic areas can be redefined for custom products

7 geozips

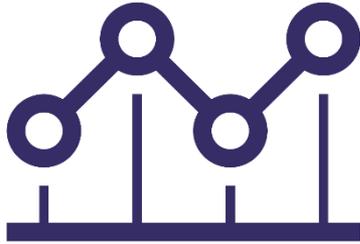
**By comparison, Medicare uses 2 regions (GPCI) for Louisiana.*

FAIR Health: Certified CMS Qualified Entity

- Complete collection of Medicare parts A, B and D claims data for all 50 states and Washington, DC
- Issue probing reports on key aspects of healthcare industry/provider performance
- Powerful synergies between our private claims data and Medicare collection of claims
- Data from 2013 to present



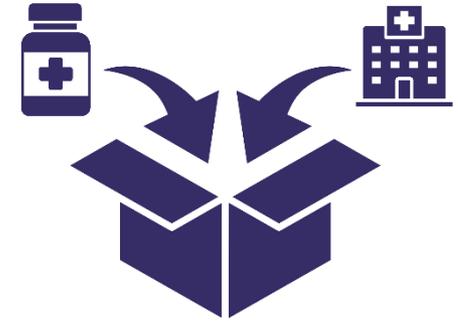
Suite of FAIR Health Data Offerings



**Benchmark
Modules**



**Custom
Analytics**



**Episodes of
Care**



**Consumer
Resources**



**Record-Level
Data**

Benchmark Data

Medical and dental procedures

Common Applied Uses for Benchmarks

- Establish In-Network and Out-of-Network Fee Schedules
- Resource for Negotiation with Providers
- Reference Point for Dispute Resolution
- Consideration for Market Research
- Adherence to Statutory/Regulatory/Official Benchmarks
- Building Blocks for Consumer-Oriented Tools/Platform



Usual, Customary and Reasonable (UCR) Charges

FAIR Health does not set UCR

- Commonly called: UCR, R&C, U&C, U&P, C&P and R&N
- In the past, these terms were applied to identify any data used to process claims
- UCR determined by:
 - Insurance policy language
 - Payor guidelines
 - State laws and regulations
 - Federal agencies and laws



Charge and Allowed Benchmarks

FH [®] Benchmarks	Description	FH Charge Benchmarks	FH Allowed Benchmarks
Medical	Arrayed by Current Procedural Terminology (CPT [®]) ¹ codes for evaluation and management (E&M), medical, surgical, radiology, laboratory and pathology procedures.	●	●
Dental	Arrayed by Current Dental Terminology (CDT) ² codes for dental procedures.	●	●
Anesthesia	Arrayed by CPT, anesthesia and surgical procedure codes.	●	●
Healthcare Common Procedure Coding System (HCPCS)	Arrayed by Level II HCPCS codes for products, supplies and services generally not included in CPT codes, such as ambulance services, physician-administered drugs, durable medical equipment (DME), prosthetics, orthotics and supplies.	●	●
Inpatient Facility	Arrayed by DRG codes for over 90 Medicare GPCIs for services performed in a hospital inpatient setting.	●	
Outpatient Facility	Arrayed by CPT codes for services performed in a hospital outpatient setting.	●	●
Ambulatory Surgery Center (ASC)	Arrayed by CPT and HCPCS codes at state, regional and national levels for ASC-specific facility claims.	●	
Category III	Arrayed by Category III CPT codes, temporary codes for emerging technologies, services, procedures and service paradigms.	●	
Episodes of Care	Includes allowed amount and billed charge benchmarks for a patient's beginning-to-end treatment path for more than 40 defined episodes. ³	●	●

Geographic Divisions

- Geozips – an area defined by the first three digits of a zip code or groups of three-digit zip codes
- 493 geozips across the country
 - Granular view of charges by geographic area
- Medicare divides its professional data into approximately 100 geographic areas (GPCIs)

Geozip	Description	Zip Code Area
100	NY – MANHATTAN	100-102
331	FL – MIAMI	331
770	TX – HOUSTON	770, 772
941	CA – SAN FRANCISCO	941

Range of Benchmarks: Percentiles

- Data are arrayed by percentiles for separate charge and allowed amount benchmarks
- A percentile illustrates where a value falls in the distribution of values in the database
 - 80th percentile: represents the benchmark at the point that 80% of standardized data are equal to or less than the benchmark value (and 20% are higher)
 - Standard products include percentiles from 50th to 95th
 - Percentiles from 5th to 50th also available
 - FAIR Health provides percentile benchmarks for allowed amounts and billed charges

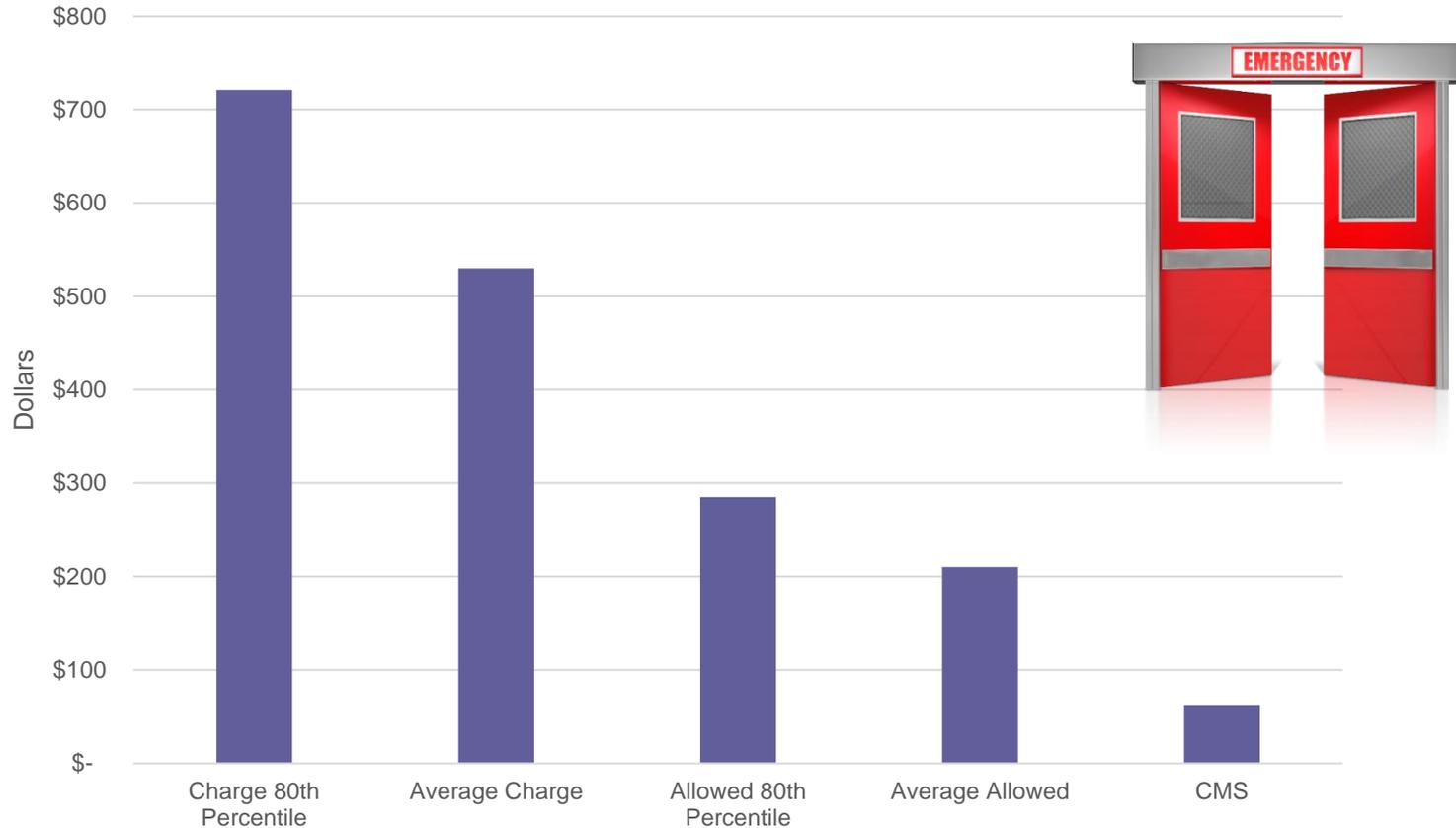
Description	Mean (Avg.)	Mode	Percentiles							
			50	60	70	75	80	85	90	95
Office Outpatient Visit – 15 minutes	\$96	\$100	\$93	\$100	\$103	\$104	\$108	\$114	\$120	\$136

FAIR Health and CMS: A Comparison

Category	FAIR Health Data	Medicare Fee Schedule
Geography	<ul style="list-style-type: none"> • Most benchmarks are organized into 493 regions • Custom regions available 	112 Geographic Practice Cost Indices (GPCIs)
Methodology	<ul style="list-style-type: none"> • FH[®] Charge Benchmarks based directly on actual charges in specific region; for infrequently performed procedures, a relative market value methodology is applied • FH[®] Allowed Benchmarks reflect imputed allowed amounts (in-network rates) for specific regions 	<ul style="list-style-type: none"> • Relative values and conversion factors set by committee • Geographical adjustments for GPCI areas • Some procedures omitted as not relevant to covered population
Relationship to Market	<ul style="list-style-type: none"> • Mirror market distribution of charges and allowed amounts and also reflect market differentials for charges and allowed amounts for services specific to different types of specialists • Reflect the experience of the privately insured 	<ul style="list-style-type: none"> • Fees adjusted to meet national budget and policy objectives • Not all procedures are covered because system was designed for particular populations: the elderly, disabled and end-stage renal disease patients • Comparative fees for different types of specialists often differ from market relationships

Emergency Room Visit Procedure

Baton Rouge - Geozip 708



CPT CODE	DESCRIPTION
99283	EMERGENCY DEPT VISIT (MODERATE SEVERITY)

Consumer Transparency Tools

fairhealthconsumer.org

Award-winning Consumer Platform

Estimate your healthcare expenses.

Get essential information on costs for thousands of procedures and learn [insurance basics](#).



Search for a Medical Cost



Search for a Dental Cost



Get to know this site through this [informative video](#)



Enter Procedure Location

Where is your provider?  

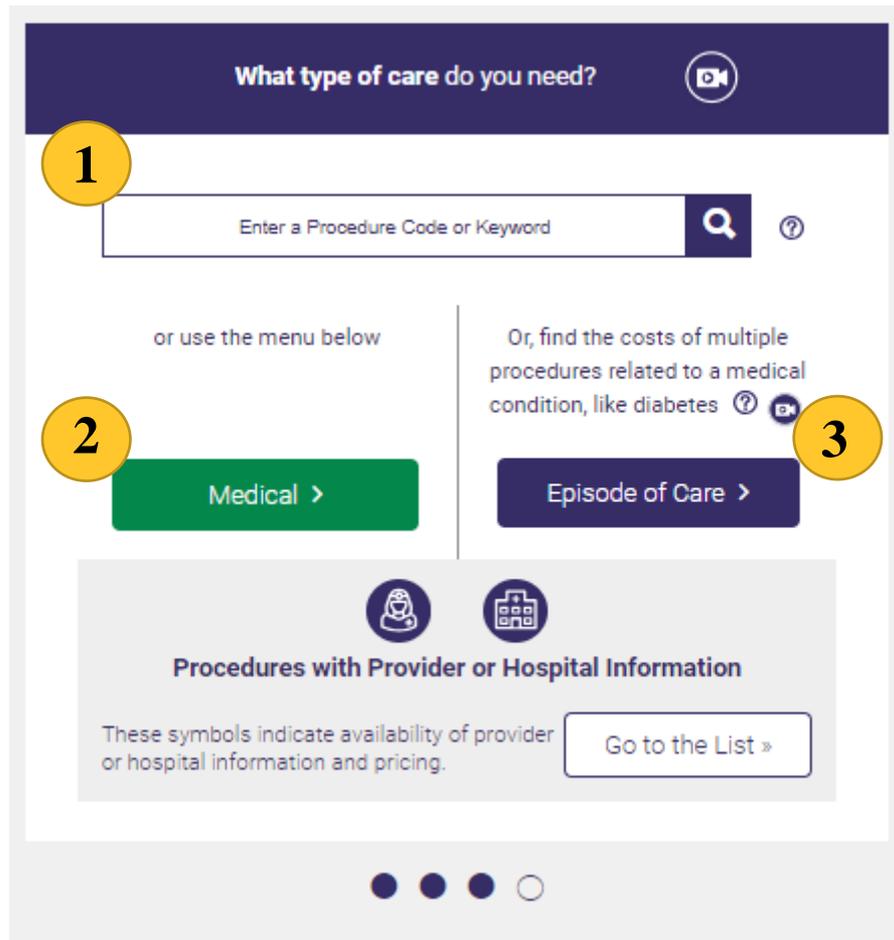
Zip Code or City, State (e.g. 12345 or New York, NY)

 [Use current location](#)

Next



Medical Cost Lookup Options



What type of care do you need? 

1 Enter a Procedure Code or Keyword  

or use the menu below

2 [Medical >](#)

Or, find the costs of multiple procedures related to a medical condition, like diabetes  

3 [Episode of Care >](#)

Procedures with Provider or Hospital Information

These symbols indicate availability of provider or hospital information and pricing. [Go to the List »](#)



Medical Cost Lookup Results Page

Total Cost Related to
Removal of cataract with insertion of lens
CPT Code 66984
 Baton Rouge, LA 70801

Print Understand your costs

\$10,278.00

OUT-OF-NETWORK/
UNINSURED PRICE

\$4,835.00

IN-NETWORK
PRICE

	OUT-OF-NETWORK/ UNINSURED PRICE	IN-NETWORK PRICE
<p>Primary Medical Procedure</p> <p>Removal of cataract with insertion of lens (CATARACT SURG W/IOL 1 STAGE) CPT Code : 66984 </p> <p> Remove from Total Cost</p>		
	\$3,000.00	\$1,096.00
<p>Related Procedures</p>		
<p>Anesthesia</p> <p>Anesthesia for lens surgery CPT Code: 00142</p> <p> Remove from Total Cost</p>		
	\$810.00	\$341.00
<p>Transportation, Medical Equipment and Supplies </p> <p>Intraocular lens, posterior chamber Code: V2632</p> <p> Remove from Total Cost</p>		
	\$281.00	\$142.00
<p>Hospital (Outpatient)</p> <p>Hospital Outpatient Facility (HOSPF) estimate for procedure code 66984 (in addition to your doctor's fee) CPT Code: 66984 </p> <p> Remove from Total Cost</p>		
	\$6,187.00	\$3,256.00

Video Library

Meet the **FAIR Health Consumers**



Bill
Healthcare
Bills



Doug
Diabetes



Steve
Surgery



Arlene
Asthma



Carl
Cancer



Maria
Pregnancy



Annie
Broken
Leg



Dan
Toothache



Ralph
Root Canal



Andy
Arthritis

Resources

- Glossaries
 - Insurance terms
 - Medical terms
 - Dental terms
- Educational texts and videos
- Frequently asked questions
- Links to government and nonprofit organizations
 - State resources
 - Health literacy
- Newsletters
- English and Spanish



Provider Transparency Tools

feeestimator.org

Self-Service Website



[About FH Fee Estimator®](#) [How Does It Work?](#) [Patient Materials](#) [Why FAIR Health?](#)

Select a product

Configure up to 5 specialty/geozip combinations.

The first product (for a specialty and geographic area) is \$400. Additional products licensed within 30 days are \$300 each.

Specialty

<input type="checkbox"/> Allergy/Immunology	<input type="checkbox"/> General Surgery	<input type="checkbox"/> Orthopedic Surgery
<input type="checkbox"/> Audiology	<input type="checkbox"/> Hand Surgery	<input type="checkbox"/> Otolaryngology
<input type="checkbox"/> Behavioral Health	<input type="checkbox"/> Hematology/Oncology	<input type="checkbox"/> Pain Management
<input type="checkbox"/> Cardiac Surgery/Thoracic Surgery	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Pathology
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Laboratory Codes	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Nephrology	<input type="checkbox"/> Plastic and Reconstructive Surgery
<input type="checkbox"/> Colorectal Surgery	<input type="checkbox"/> Neurology	<input type="checkbox"/> Podiatry
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Neurosurgery	<input type="checkbox"/> Pulmonary Disease
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Radiation Oncology
<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Obstetrics/Gynecology	<input type="checkbox"/> Radiology
<input type="checkbox"/> Family Practice	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Urology
<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Oral Maxillofacial Surgery	<input type="checkbox"/> Vascular Surgery

Zip code

[Add this product](#)

- Choose specialties and locations

- Access data in minutes

Detailed Data, Flexible Views

FAIR Health Know Your Source My Data My Orders My Account Help order more products

Internal Medicine Help Topics

Views: Full Gezip: 100

Search Results

Code	Gezip	Actual/Derived	50th	60th	70th	75th	80th	85th	90th	95th	Medicare Facility	Medicare Non-F...	Mean	Mode	Full Description
90471	100	actual	\$59.00	\$74.00	\$75.00	\$80.00	\$80.00	\$80.00	\$89.00	\$90.00	\$29.87	\$29.87	\$58.45	\$80.00	IM ADM PRQ ID SUBQ/IM NJ/IS 1 VACCINE
95251	100	actual	\$150.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$49.60	\$49.60	\$152.09	\$200.00	CONTINUOUS GLUCOSE MONITORING ANALYSIS I&R
90573	100	actual	\$40.61	\$50.00	\$50.00	\$100.00	\$109.00	\$109.00	\$109.00	\$109.00	\$0.00	\$0.00	\$60.97	\$40.00	RIVS VACCINE PRESERVATIVE FREE FOR IM USE
95079	100	actual	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$273.00	\$360.00	\$75.17	\$93.76	\$258.12	\$250.00	INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES
99316	100	actual	\$255.00	\$267.00	\$267.00	\$280.00	\$280.00	\$280.00	\$280.00	\$280.00	\$120.44	\$120.44	\$214.50	\$280.00	NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES
99465	100	actual	\$200.00	\$247.00	\$275.00	\$300.00	\$360.00	\$375.00	\$405.00	\$450.00	\$136.10	\$136.10	\$254.84	\$200.00	1ST HOSPBIRTHING CENTER NB ADMIT & DSCHG SIM DAT
64480	100	actual	\$2,316.00	\$2,316.00	\$2,757.00	\$2,757.00	\$2,757.00	\$2,900.00	\$5,000.00	\$5,100.00	\$73.88	\$121.78	\$2,022.94	\$2,316.00	NJX ANES&STRD W/IMG TFRML EDRL CR/THR&C EA LV
44705	100	actual	\$383.00	\$383.00	\$383.00	\$383.00	\$383.00	\$450.00	\$450.00	\$450.00	\$0.00	\$0.00	\$384.64	\$383.00	PREPARE FECAL MICROBIOTA FOR INSTILLATION
64405	100	actual	\$500.00	\$567.00	\$600.00	\$700.00	\$845.00	\$845.00	\$1,065.00	\$1,255.00	\$75.90	\$120.27	\$564.96	\$500.00	INJECTION ANESTHETIC AGENT GREATER OCCIPITAL NRV
97166	100	actual	\$205.00	\$275.00	\$300.00	\$300.00	\$300.00	\$300.00	\$360.00	\$403.70	\$107.32	\$107.32	\$232.27	\$300.00	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS
95417	100	actual	\$250.00	\$250.00	\$250.00	\$250.00	\$275.00	\$310.00	\$350.00	\$350.00	\$77.59	\$77.59	\$241.12	\$250.00	CHEMOTX ADMIN IV NPS TQ EA SEQL NPS TO 1 HR
82948	100	actual	\$20.00	\$25.00	\$30.00	\$30.00	\$30.00	\$35.00	\$35.00	\$40.00	\$0.00	\$0.00	\$21.08	\$10.00	GLUCOSE BLOOD REAGENT STRIP
90532	100	actual	\$120.00	\$120.00	\$130.00	\$140.00	\$150.00	\$150.00	\$153.00	\$175.00	\$0.00	\$0.00	\$119.91	\$100.00	HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE
92970	100	derived	\$561.99	\$627.69	\$680.00	\$712.38	\$765.00	\$821.91	\$915.51	\$1,033.60	\$219.48	\$219.48	\$587.99	\$0.00	CARDIOASSIST/MECH CIRCULATORY ASSIST INTERNAL
90472	100	actual	\$40.00	\$40.00	\$45.00	\$45.00	\$45.00	\$49.00	\$50.00	\$67.00	\$14.74	\$14.74	\$37.70	\$40.00	IM ADM PRQ ID SUBQ/IM NJ/IS EA VACCINE
85547	100	derived	\$58.14	\$63.64	\$70.97	\$73.81	\$78.57	\$85.68	\$96.44	\$113.55	\$0.00	\$0.00	\$62.22	\$0.00	MECHANICAL FRAGILITY RBC
35516	100	derived	\$9,097.90	\$10,235.16	\$11,941.04	\$12,737.10	\$14,449.62	\$16,303.37	\$18,504.25	\$24,261.13	\$65.59	\$2,517.85	\$10,768.06	\$0.00	THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION
86950	100	derived	\$140.07	\$153.32	\$170.97	\$177.81	\$189.29	\$206.42	\$232.33	\$273.55	\$0.00	\$0.00	\$149.90	\$0.00	LEUKOCYTE TRANSFUSION
99221	100	actual	\$392.00	\$430.00	\$450.00	\$455.00	\$485.00	\$510.00	\$510.00	\$547.90	\$116.39	\$116.39	\$390.89	\$350.00	INITIAL HOSPITAL CARE/DAY 80 MINUTES
64484	100	actual	\$1,200.00	\$1,275.00	\$1,500.00	\$1,584.00	\$1,584.00	\$2,000.00	\$2,604.00	\$3,500.00	\$60.07	\$101.91	\$1,247.88	\$1,584.00	NJX ANES&STRD W/IMG TFRML EDRL LMBR/SAC EA LV
99366	100	actual	\$150.00	\$150.00	\$150.00	\$150.00	\$160.00	\$225.00	\$330.00	\$400.00	\$0.00	\$0.00	\$155.13	\$150.00	TEAM CONFERENCE FACE-TO-FACE NONPHYSICIAN

- Charge benchmarks for 50th – 95th percentiles
- Mean (average) charge
- Mode (most frequent) charge
- Medicare fees – facility and non-facility
- Search by procedure code or keyword
- Download data to Excel

Patient Educational Materials

- Numerous topics
- For use in waiting rooms and billing offices
- Can be cobranded for the practice



In-Network vs. Out-of-Network Care

Know Before You Go

You've probably seen the terms "in-network" and "out-of-network" on your insurer's website and in your plan description. But, what do these terms mean? And how do they affect how much you have to pay for your care?

Your plan contracts with a wide range of doctors, as well as specialists, hospitals, labs, radiology facilities and pharmacies. These are the providers in your "network." Each of these providers has agreed to accept your plan's contracted rate as payment in full for services.

That contracted rate includes both your insurer's share of the cost, and your share. Your share may be in the form of a co-payment, deductible or co-insurance. For instance, your insurer's contracted rate for a primary care visit might be \$120. If you have a \$20 co-payment for primary care visits, you will pay \$20 when you see a doctor in your network. Your insurer will pick up the remaining \$100.

If you go outside your network, it's a different story. You will likely pay more if you go "out-of-network" for your care. That's because:

- Providers outside your network have not agreed to any set rate with your insurer, and may charge more.
- Your plan may require higher co-pays, deductibles and co-insurance for out-of-network care. So, if you normally have to pay 20% of the cost of the service in-network, you may have to pay 30% out-of-network. Often, you'll have to pay that PLUS any difference between your insurer's allowed amount and what the provider charges.
- Your plan may not cover out-of-network care at all, leaving you to pay the full cost yourself.

Your costs for out-of-network care also depend on your type of plan:

- In a Health Maintenance Organization, or HMO, or Exclusive Provider Network, or EPO, you generally have to pay the full cost of any out-of-network care, except for emergencies.
- In a Preferred Provider Organization (PPO) or Point-of-Service (POS) plan, you will usually have to pay:
 - A higher deductible than in-network and/or a higher co-pay
 - PLUS a higher percentage co-insurance, which is a percentage of the "allowed amount"
 - PLUS, the full difference between the allowed amount and your provider's actual rate, which could be much higher



These costs can add up quickly, even for routine care. If you have a serious illness, it can mean tens of thousands of dollars more. So, when you need care, it's important to find out if all of your providers are in your plan's network.

Governmental Uses of FAIR Health Data

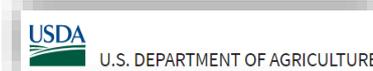
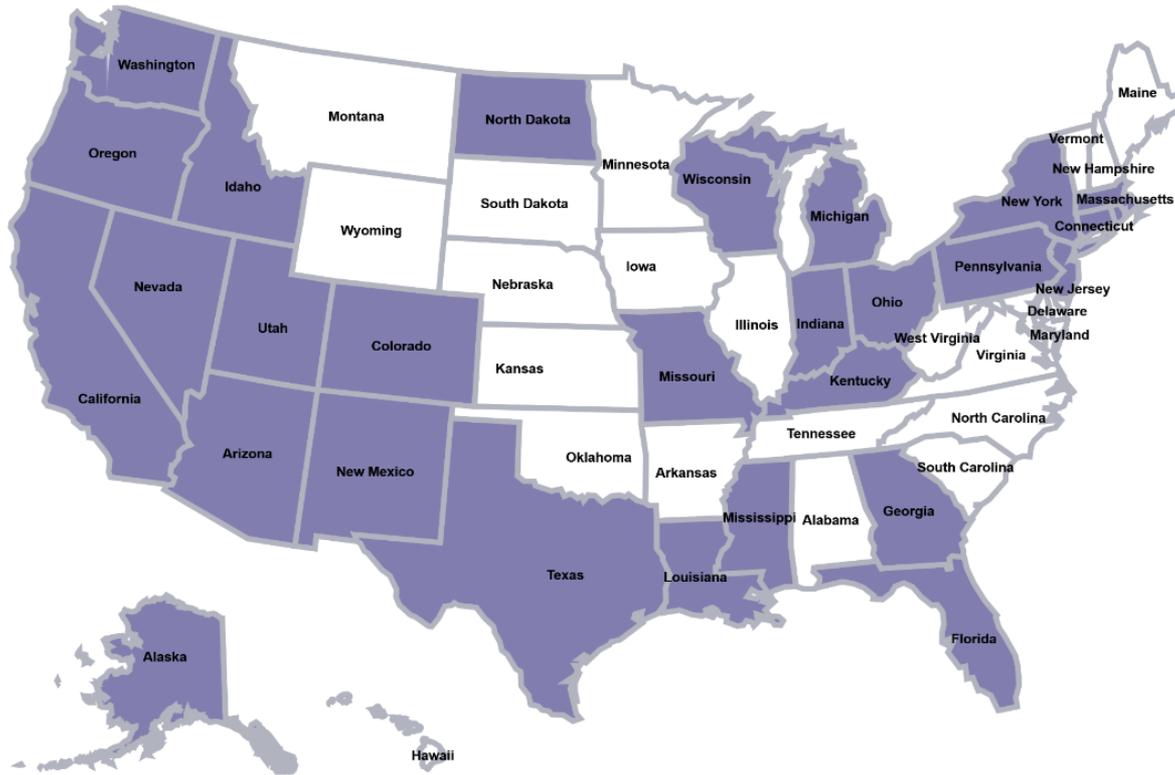
Consumer protection laws

Serve as Data Source

- Benchmark data for state use
 - Geozip level
 - Custom communities
 - State level
 - Other geographic areas for comparative purposes
- Trending reports
 - Cost
 - Utilization
- Comparative analyses
- Address gaps in fee schedules
 - Source of data for gaps in fee schedules adhering to requisite geographic configurations
 - Scaled rates for use with Medicare fee schedules
 - Align with state conversion factors

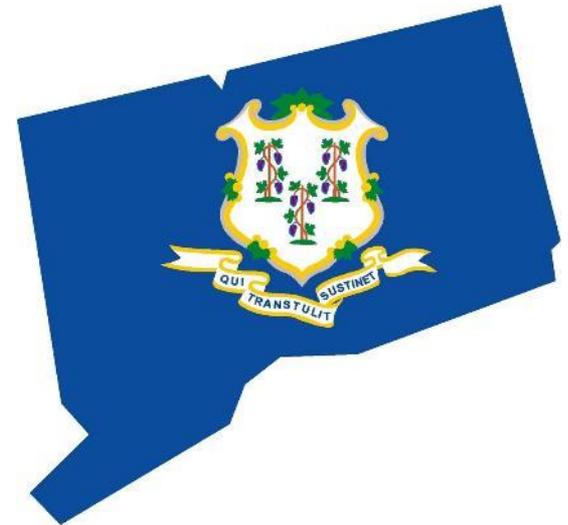


FAIR Health Governmental Interactions



Connecticut Consumer Protection Statute

Connecticut: FAIR Health 80th percentile is the UCR standard for payments for out-of-network emergency services



Pennsylvania Workers' Compensation Regulations

- Pennsylvania Department of Labor & Industry adopted a FAIR Health benchmark as “*usual and customary charge*”
- FAIR Health 85th percentile charge benchmark determines WC reimbursement for services not listed in state fee schedule
 - “*Effective 11/01/10 when resolving applications for fee review under 34 Pa. Code § 127.256, the department will utilize the 85th percentile of the MDR database published by **FAIR Health** to determine “the usual and customary charge” as defined in 34 Pa. Code § 127.3.*



A Trusted Federal Resource

REPORT TO THE CONGRESS

Medicare Payment Policy

There is concern that those affected by opioid and substance use in midlife include current Medicare beneficiaries under 65 and others who will age into Medicare in worse health than current beneficiaries. Researchers have found that patients with a diagnosed opioid dependency are high utilizers of health care services, including office visits, lab tests, and related treatments (FAIR Health 2016).

MEDPAC Medicare
Payment Advisory
Commission

GAO

United States Government Accountability Office
Report to Congressional Requesters

September 2011

HEALTH CARE PRICE TRANSPARENCY

Meaningful Price
Information Is
Difficult for
Consumers to Obtain
Prior to Receiving
Care

U.S. Government Accountability Office
GAO 90 YEARS 1921-2011
ACCOUNTABILITY • INTEGRITY • TRANSPARENCY

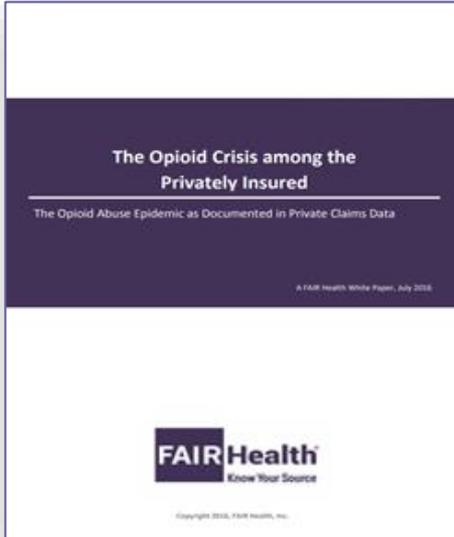
GAO-11-791

Data in Action

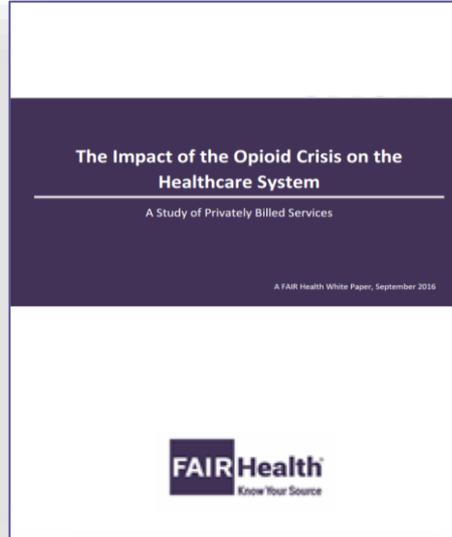
Varied ways to present data

FAIR Health Analytic Reports

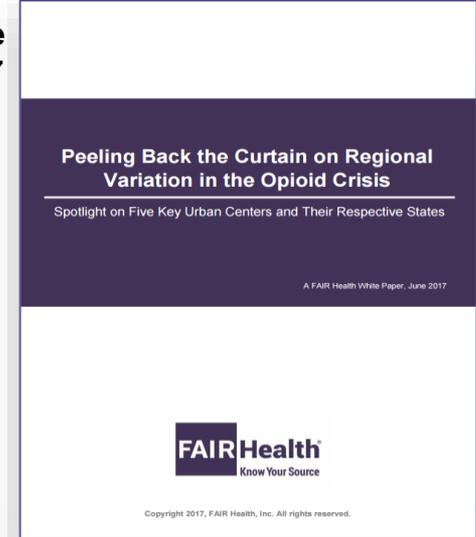
July
2016



Sept.
2016



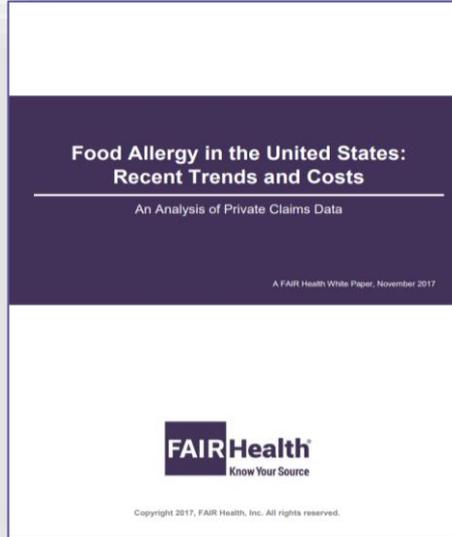
June
2017



Jan.
2017



Nov.
2017



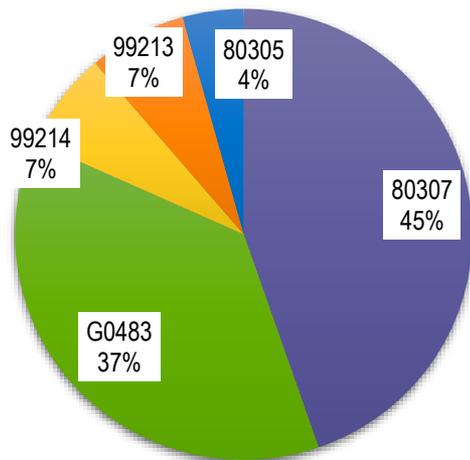
March
2018



Louisiana: Opioid Abuse and Dependence, 2017



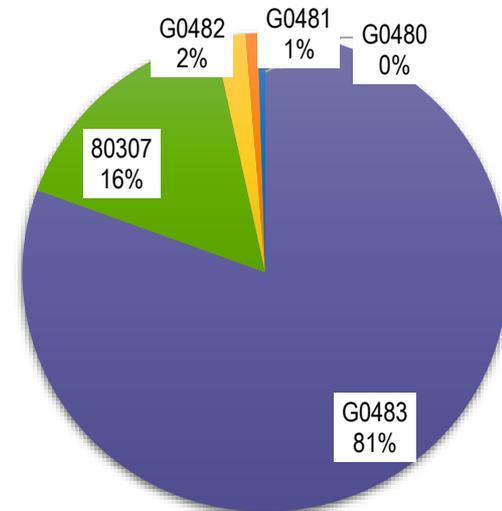
Top Five Procedure Codes by Utilization



CPT/HCPCS	DESCRIPTION
80307	TESTING FOR PRESENCE OF DRUG
G0483	DRUG TEST, DEFINITIVE, 22+ CLASSES
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT, VISIT TYPICALLY 25 MINUTES
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 15 MINUTES
80305	TESTING FOR PRESENCE OF DRUG



Top Five Procedure Codes by Aggregate Cost

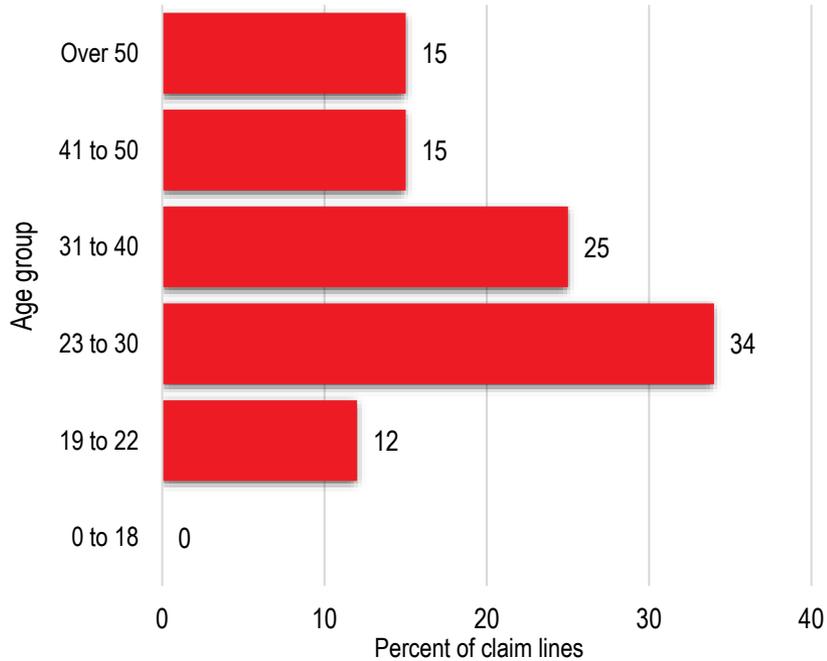


CPT/HCPCS	DESCRIPTION
G0483	DRUG TEST, DEFINITIVE, 22+ CLASSES
80307	TESTING FOR PRESENCE OF DRUG
G0482	DRUG TEST, DEFINITIVE, 15-21 CLASSES
G0481	DRUG TEST, DEFINITIVE, 8-14 CLASSES
G0480	DRUG TEST, DEFINITIVE, 1-7 CLASSES

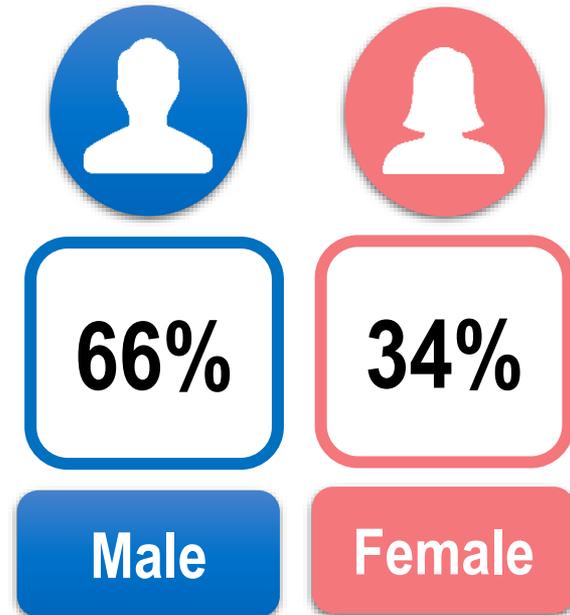
Louisiana: Opioid Abuse and Dependence, 2017



Diagnoses of Opioid Abuse and Dependence by Age



Diagnoses of Opioid Abuse and Dependence by Gender



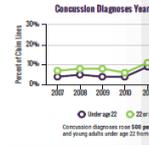
Insights from the Repository

CONCUSSIONS IN CHILDREN AND YOUNG ADULTS A MATTER OF RECENT NATIONAL CONCERN

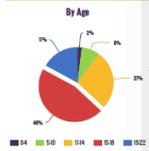
AMONG THE LATEST FINDINGS

500% Increase in diagnoses since 2010 for children and young adults

NATIONAL OVERVIEW



AGE AND GENDER



STATE BY STATE

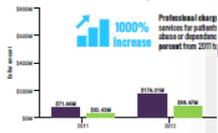


FAIR HEALTH

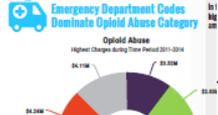
Know Your Source

THE OPIOID CRISIS IMPACT ON HEALTHCARE SERVICES AND COSTS

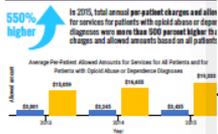
TOTAL AMOUNTS



TOP CODES



PER-PATIENT AMOUNTS



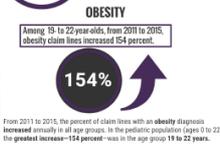
FAIR HEALTH

Know Your Source

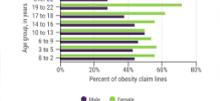
OBSESITY AND TYPE 2 DIABETES IN YOUNG PEOPLE A Spotlight on Concerning Trends

OBSESITY

Among 10- to 25-year-olds, from 2011 to 2015, obesity claim lines increased 54 percent.



From 2011 to 2015, the percent of claim lines with an obesity diagnosis increased annually in all age groups. In the pediatric population (ages 0 to 21), the greatest increase—154 percent—was in the age group 10 to 25 years.



In most pediatric age groups, claim lines with obesity diagnoses were more common for females than males, but claim lines with type 2 diabetes diagnoses were more common for males than females.

The most common comorbidities among pediatric patients with obesity and type 2 diabetes were very different from the most common diagnoses among pediatric patients without those conditions.

Pediatric type 2 diabetes was most prevalent in Ohio, Pennsylvania, North Dakota, Utah and South Dakota.



Percent of Claim Lines for Pediatric Type 2 Diabetes Compared to Percent of Claim Lines for All Pediatric Medical Codes by State, 2011-2015

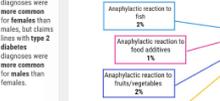
Source: FAIR Health's HealthCare Claims Repository. ©2017 FAIR Health, Inc.

OBESITY AND TYPE 2 DIABETES IN YOUNG PEOPLE

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Percent of Claim Lines for Pediatric Type 2 Diabetes Compared to Percent of Claim Lines for All Pediatric Medical Codes by State, 2011-2015

Source: FAIR Health's HealthCare Claims Repository. ©2017 FAIR Health, Inc.

FOOD ALLERGIES

Anaphylaxis is a severe, life-threatening allergic reaction that can be caused by food. Private insurance claim lines with diagnoses of anaphylactic food reactions increased 377 percent from 2007 to 2016.



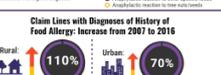
When the precise food that caused an anaphylactic food reaction is not known, the physician often enters a diagnosis code for "Other specific foods." Claim lines with that code had a smaller increase (71 percent) from 2007 to 2016 than those associated with peanuts (45 percent) and tree nuts/seeds (40 percent).



Percent of claim lines with a given diagnosis

Percent of claim lines with a given diagnosis

Percent of claim lines with a given diagnosis

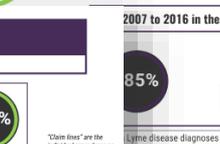


Percent of claim lines with a given diagnosis

Percent of claim lines with a given diagnosis

LYME DISEASE

Lyme disease diagnoses were more common in rural than urban settings. In urban areas, private insurance claim lines with a Lyme disease diagnosis increased 40 percent from 2007 to 2016.



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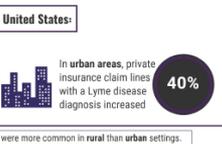


Percent of claim lines with a given diagnosis

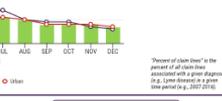
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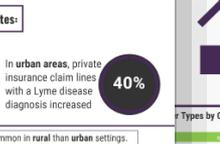
HEALTHCARE AND ITS COSTS CONSUMER ATTITUDES

ORAL CANCER

A GROWING HEALTH ISSUE

ORAL CANCER

Claim lines with an oral cancer diagnosis increased 161 percent from 2011 to 2015.



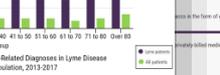
Best increases occurred in throat and tongue cancer.



States in which diagnosis of Lyme disease is a percentage of all diagnoses in the state were higher than in all other states. (e.g., Lyme disease is given less weight in a given state than in other states.)

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Percent of Patients by Age Group with Soft-Tissue-Related Diagnoses in Lyme Disease Population Compared to Total Population, 2013-2017

Source: FAIR Health's FAIR HCPDS database of more than 23 billion privately labeled medical and dental healthcare claims from 2010 to 2016. ©2017 FAIR Health, Inc. All rights reserved.

HEALTHCARE AND ITS COSTS

CONSUMER ATTITUDES

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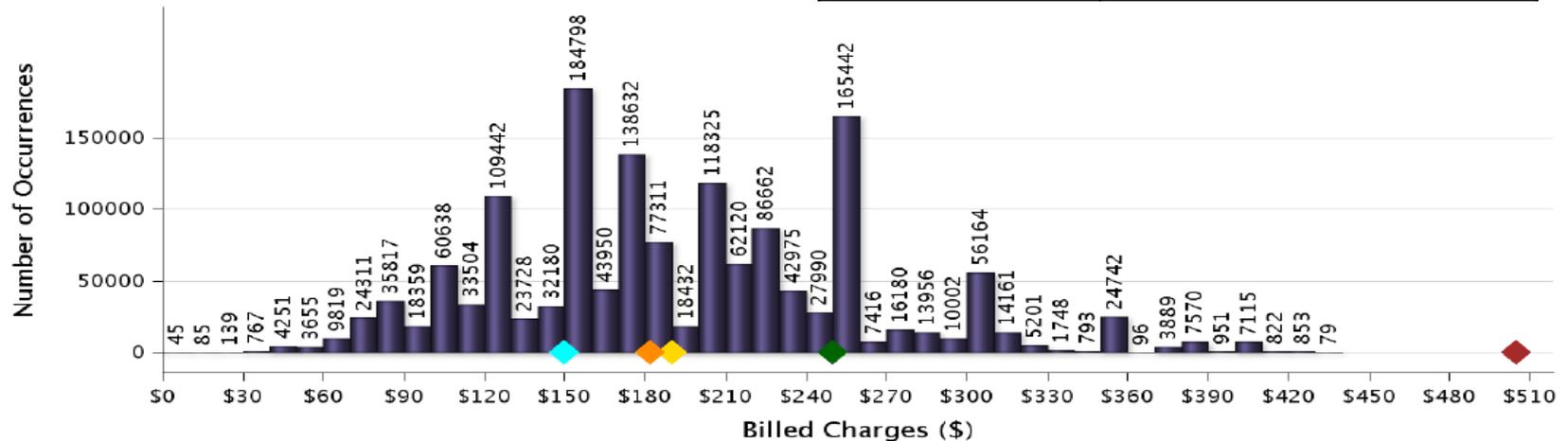
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Example Distribution of Charges



Procedure Code	CPT 99213
Code Description	OFFICE OUTPATIENT VISIT 15 MINTUES
Geozip	100
Geographic Description	NY-MANHATTAN
Module Release	Medical November 2016



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Statistics		Value
Total Occurrences		1,495,115
Range		\$2.00-\$435.00
Mean Charge	◆	\$190.05
Median Charge	◆	\$182.00
Mode	◆	\$150.00
Provider Charge	◆	\$505.00
Allowed Amount	◆	\$250.00

Statistical Term	Definitions
Total Occurrences	The number of charges for the CPT code occurring in the dataset
Range	The lowest and highest charges in the dataset
Mean Charge	The mathematical average of the charges in the dataset
Median Charge	The midpoint of the charges in the dataset
Mode	The most frequently occurring charge in the dataset
Provider Charge	As reported to FAIR Health
Allowed Amount	Benchmark percentile used as chosen by payor

The graph above illustrates actual charges for the specific procedure and geozip region set forth above. The geozip includes the place of service in this matter, as reported to FAIR Health.

Thank You

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For more information, visit:

- fairhealth.org
- fairhealthconsumer.org | consumidor.fairhealth.org
- youcanplanforthis.org

